

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001764

FILED
Jul 20, 2009
Secretary of State

Entity Name: HOLY CROSS EASTERN ORTHODOX MISSION, INC.

Current Principal Place of Business:

375 FLEMING AVENUE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

375 FLEMING AVENUE
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 80-0093813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AJLUNI, JEANNETTE
341 WINDHAVEN LANE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STOYKA, JIM
Address: 772 FOXHOUND DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: VP () Delete
Name: BROWN, HENRY
Address: 4837 LAS FLORAS COURT
City-St-Zip: ELKTON, FL 32033

Title: D () Delete
Name: PAPADAKOS, MICHAEL
Address: 32 PALERMO LANE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: HOMA, MARGE
Address: 640 WESTWARD CIRCLE
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: AJLUNI, JEANNETTE
Address: 341 WINDHAVEN LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM STOYKA

PRES

07/20/2009

Electronic Signature of Signing Officer or Director

_____ Date